Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number DECLARATION FOR UTILITY OR** First Named Inventor MORGAN E. FEDORA **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit Filing (surcharge with Initial

Filing	(37 CFR 1.16 (e)) required)	Examiner Name	<u> </u>			
As the below named inventor, I he My residence, mailing address, and of I believe I am the original and first inv	citizenship are as stated below	•	ich a patent is sou	ght on the invention entitled:		
	IERECORSAGE		•	AINER		
	(Title of the In	vention	<del></del>			
the specification of which	(Tide Of the III	venuonj				
X vis attached hereto						
OR was filed on (MM/DD/YYYY)		as United States A	Application Number	or PCT International		
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose in applications, material information whi international filing date of the continu	ch became available between ation-in-part application.	the filing date of the prior	application and the	e national or PCT		
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365 States of America, listed below and breeder's rights certificate(s), or any claimed.	(a) of any PCT international in have also identified below by	application which designs v checking the hox, any fi	ated at least one o	country other than the United for natent inventor's or plant		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application nu						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label			OR	Corr	respondence address below	
Name MISS MORGAN ELIZABETH ANN FEDORA						
Address 3124 MERIDIAN WAY						
City ROCKLIN			CALIFO	RNIA	ZIP 95765	
Country INTERD STATES Tele	phone (916	) 43	5-5879	<u>.                                    </u>	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name MORGAN E. FEDORA (first and middle [if arry])			Family Name FEDORA or Surname			
Inventor's Morgan E. Felom.			Date 9_7_03			
Residence: City ROCKLIN	StateCALIF	ORNI	zCountry <sub>↓</sub>	LS	Citizenship [J S	
Mailing Address 3124 MERIDIAN WAY						
City POCKLIN	State CA		ZIP 95		Country 11 C	
NAME OF SECOND INVENTOR:	A petition ha	s been				
Given Name (first and middle [if any]) NONE		Family Name or Surname				
Inventor's Signature	·				Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
City	State		ZIP		Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

		RSAGE VASE PIN HOLDER-CONTAINER			
As the below named inventor(s), I/we declare that:					
This declaration is directed to:					
<u> </u>	The attached application, or				
	Application No	, filed on,			
	as amended on	(if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVE	ENTOR(S)				
Inventor one: MISS MORGAN ELIZABETH ANN FEDORA					
Signature:	organ E. Felore	Citizen of: UNITED STATES OF AMERICA			
Inventor two:					
Signature:		Citizen of:			
Inventor three:					
Signature:		Citizen of:			
Inventor four:					
Signature:		Citizen of:			

☐ Additional inventors are being named on \_additional form(s) attached hereto. Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**FEDORA** 

MORGAN E

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

**Attorney Docket Number** 

First Named Inventor

(37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number		/		
X Declaration	Declaration	Filing Date				
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As the below named inventor, I he	reby declare that:					
My residence, mailing address, and o	citizenship are as stated below	v next to my name.				
I believe I am the original and first inv	ventor of the subject matter w	hich is claimed and for wh	nich a patent is sou	ight on the inventio	n entitled:	
FEDORA BOUTONIERECORSAGE VASE PIN HOLDERCONTAINER						
	(Title of the In	vention)				
the specification of which						
X yis attached hereto						
or was filed on (MM/DD/YYYY) as United States Application Number or PCT International						
Application Number	and was amended	I on (MM/DD/YYYY)		(if applical	ble).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application  Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy A		
					NO	
					Ħ l	
					T I	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						